



# TOWN OF FOXBOROUGH

## Inspections Department

40 South Street

Foxborough, Massachusetts 02035

Tel. (508) 543-1206 / Fax. (508) 543-6278

### APPLICATION TO ERECT TENT AS TEMPORARY STRUCTURE

**Directions:** Provide all information below. Failure to provide all required information and documents will result in building permit denial. Attach a plot plan showing the location of the temporary structure on the property and attach a copy of the Certificate of Flame Resistance for the tent that is being erected.

Permit Fee for Tent: \$35.00/tent for Residential \$50.00/tent for Commercial

Location of Work: \_\_\_\_\_, Zoning District: \_\_\_\_\_

Purpose for which the tent is being erected: \_\_\_\_\_

Size of Tent: \_\_\_\_\_, Occupancy Capacity of Tent: \_\_\_\_\_

Manufacturer of Tent: \_\_\_\_\_, Type of Material: \_\_\_\_\_

Type of Tent Construction: Rope & Pole Pipe Frame Other (specify): \_\_\_\_\_

Dig Safe Number: \_\_\_\_\_, Dates of Installation and Removal: \_\_\_\_\_

Estimated Cost of Installation: \$ \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
Street City or Town State Zip

Name of Tent Installer: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Installer: \_\_\_\_\_  
Street City or Town State Zip

Construction Supervisor Number: \_\_\_\_\_; Date of Expiration: \_\_\_\_\_

Worker's Compensation Policy Number: \_\_\_\_\_, Date of Expiration: \_\_\_\_\_

### Owner/Authorized Agent Declaration

I, \_\_\_\_\_, as owner/authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature Date

### Office Use Only

Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Building Official Signature